



First Aid Policy

(Includes Body Fluid Spillage Policy)

Written by Deputy Headteacher

July 2016

Agreed November 2016

This policy reflects Monmouthshires' current guidelines and practice.

Durand Primary School

First Aid Policy

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Durand Primary School

First Aid Policy

Introduction

This policy is to ensure that there is adequate First Aid provision for pupils, staff, and visitors to the school under Health and Safety legislation. It is written to take into account the DfE Guidance on First Aid.

First Aid is the emergency care given to an injured person before professional medical care or an ambulance is available.

Aims

- Clear identification of staff who are First Aid Trained.
- Clear First Aid procedure
- Understanding of the statutory regulations regarding accident reporting in relation to the RIDDOR guidelines.

References

This document is to be used in conjunction with the other Local Authority policies listed below and referrals will be made to them throughout the document.

- Body Spillage policy – included in this policy
- Medicine Administration policy.
- School Terms and Conditions – in reference to consent for urgent medical treatment.
- Health Handbook - in reference to documentation kept for accidents.

Trained First Aid Staff

It is considered best practice that the majority of staff have a current First Aid certificate. In accordance with DfE guidance there is at least one qualified person on the school site whilst children are present.

- Ensure that there are the correct number of appropriately First Aid trained staff for the school. (Refer to DfE Guidance on First Aid for Schools).
- Staff who take pupils off site are responsible for ensuring that they have the correct number of First Aid staff to pupil ratio and this should be considered at the time of booking the trip.
- A list of all current First Aid trained staff to be maintained and displayed on the First Aid notice board in the school staffroom. There should also be access to an electronic list.
- First Aid training to be undertaken every three years.
- A designated member of staff, Deputy Headteacher, to take charge of the First Aid arrangements.

Location of First Aid Boxes

- A list of the location of all First Aid boxes to be maintained and displayed on the school staffroom notice board.
- Sports staff to take First Aid bags with them when teaching outside and also when they take pupils out on sport fixtures.
- Staff who take pupils off site on school visits are responsible for organising First Aid bags in liaison with the Deputy Headteacher.

Contents of First Aid Boxes

- Contents of the boxes to be checked regularly and restocked by office staff.
- Ideally when they have been used the person who used some of the stock should notify the key person in charge of stocking at the office.

Hygiene Procedures

- Staff must wear gloves when dealing with accidents involving spillage of bodily fluids. (Refer to Appendix 1 Body Fluid Spillages).

First Aid Procedure

All injuries are normally treated by the First Aider on duty - who holds a current First Aid certificate.

- Assessment of the injury and appropriate action taken.
- All injuries that are treated must be recorded in the Medical Book kept in the First Aid Zones.
- Gloves must be worn at all times when treating injuries.
- Parents must be informed when a pupil has sustained a head injury and the pupil must be sent home with a Head Injury Slip (Appendix 2). Whether the pupil stays at School will depend on severity of the head injury and the decision for that has to be made in conjunction with the pupil's parents. When the child goes home the parents **must** be given a Head Injury Slip (See Appendix 2).

Medical Emergencies

This is when an injury/illness requires immediate medical help or further assessment by doctor.

- When a pupil requires further hospital treatment but it is **not** an emergency the parents will be contacted and asked to their child to take to hospital. If the parents are not available then two members of staff will escort the pupil to hospital, one to drive and one to look after the child. The Leadership Team need to be informed.
- When an ambulance has to be called other people also need to be contacted:
 - Ideally the person who is at the scene of the accident should contact 999 /112 so clear accurate information can be given. Parents to be alerted.
 - Leadership Team to be alerted.
 - Office staff to be alerted.
- The accidents/incidences warranting emergency care are situations such as:
 - Head injuries where there is a loss of or suspected loss of consciousness.
 - Sudden collapse.
 - Major wounds needing medical attention.

- Suspected fractures.
- Spinal injuries.
- Use of an EpiPen
- Major Asthma, Diabetic, Seizure event.

The above list is not exhaustive.

- In the event of the emergency services being contacted the below must be considered:
 - Parents must be contacted to ascertain when they can join their child and their wishes with regard to treatment should they be delayed.
 - Legally pupils must be sixteen to be given medical treatment without medical consent.
 - As per the school's terms and conditions, the Headteacher may agree to emergency medical treatment if the parent/guardians cannot be contacted.
 - **A member of staff must accompany and stay with the pupil until the parent(s)/guardian arrives.**
 - Contact details must be taken to the hospital.
 - Once at the hospital, and the pupil is registered it is then the hospital responsibility for further medical contact with the parents.

Reporting of Incidents and Accidents

A school accident form (Appendix 4) should be filled out for the following events:

- When a pupil has a significant injury that requires further medical/dental intervention.
- When a pupil has sustained a serious head injury.
- When a pupil has been injured by an item of equipment, machinery or substances.
- When a pupil has been injured by the design or condition of the premises.
- When an accident occurs doing a school activity when off site.
- When a visiting pupil sustains an injury at the school.

If, as a result of the above, the child receives medical treatment in hospital then the Monmouthshire Incident and Accident Form (Appendix 5) should also be completed.

Reporting To RIDDOR is via the Monmouthshire Incident and Accident Form, Appendix 5 (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995).

Refer to:

- H.S.E. Incident-Reporting In Schools – RIDDOR guidance. For guidance and how to report see on-line at www.hse.gov.uk/riddor/report/htm

General Guidance

General guidance is that any pupil who goes directly from School to hospital and **receives** medical treatment for an injury is reported to RIDDOR via the Monmouthshire Incident and Accident Form (Appendix 5).

- Headteacher needs to be aware that the accident is being reported.

- If the accident/incident is not clear whether to report - it is better to register a report with RIDDOR via the Monmouthshire Incident and Accident Form (Appendix 5).
- Copies of this documentation to be kept with the accident form as well as given to the Headteacher.
- Parents should also be aware that the accident/incident is being reported as their child's details and home address has to be given.

Maintaining and Monitoring of Accident Reports

- All accidents that have an accident form filled out need to be signed off.
- An accident book has to also be maintained. A clear note needs to be made that an accident form was filled in.
- At the end of each term a risk assessment needs to be undertaken so that any additional monitoring can be instigated.

Minor Injuries

Often pupils will have bumps and minor injuries in the school environment. The key points to consider in the management of these injuries are:

- To give the pupil plenty of reassurance.
- To clean and get a cut covered as quickly as possible.
- To record in the School Accident book and send home either a minor accident slip (Appendix 3) or a head injury slip (Appendix 2).

References

For further information regarding accident reporting refer to:

www.hse.gov.uk/riddor/report/htm

Monitoring and evaluation

The effectiveness of this policy will be reviewed every two years and will be reported to the Governing Body as part of the review process.

Headteacher:

Chair of Governors:

Date:

Appendix 1

Body Fluid Spillage Policy

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

References

This document is to be used in conjunction with:

- Monmouthshire Health and Safety policy.
- Health Protection Agency guidelines on Infection Control

Staff Contact

- Site Manager/ Head teacher to be contacted initially so they can arrange for a member of the team can clean the area appropriately.
- The initial clean up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure'.
- In the event of a member of cleaning staff not being available then there are disposable clean up kits available in the First Aid zones.

Initial Clean Up Procedure

- Get some disposable gloves from the nearest First Aid kit.
- Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).
- Put more absorbent towels over the affected area and then contact the Head teacher/DH for further help.
- The bin that has had the soiled paper towels put in, then needs to be double bagged, tied up and put in an outside bin.
- Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
- The area then needs to be cordoned off until cleaned.
- If a cleaner is not immediately available then a disposable cleaning kit will need to be used.
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

Procedure for Blood and Other Body fluid Spillage

- Gloves to be worn at all times
- Any soiled wipes, tissues, plasters, dressings etc must ideally be disposed of in the large outside bins once they have been double bagged. If not available then the glove being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied.
- When dealing with a spillage, absorbent paper hand towels need to be placed on the affected area so absorbing the spill.
- If a disposable spillage kit is available then the instructions for use should be followed.

- If not then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in another bin liner and put in an outside bin.
- The area must be cleaned with disinfectant following the manufacturer's instructions.

- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry.
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturers instructions.
- Wash hands.

Management of Accidental Exposure to Blood

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury e.g. from needles, significant bites that break the skin.
- Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

Action To Take

- If broken skin encourage bleeding of the wound by applying pressure – do not suck.
- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow.
- Rinse out mouth several times.
- Report the incident to the Leadership Team
- If necessary take further advice from NHS Direct.
- An accident form will need to be completed and it may need to be reported to RIDDOR via a Monmouthshire Incident and Accident form.

Appendix 2



Head Injury

I would like to inform you that _____ banged their head at approximately _____am/pm today. He/she was checked and treated, and has been under supervision since. If any of the following symptoms appear within the next 48 hours it is advised that you seek immediate medical advice.

Drowsiness	Vomiting
Severe Headache	Slurred Speech
Dilated Pupils and/or Blurred Vision	

Signature _____ Date: _____

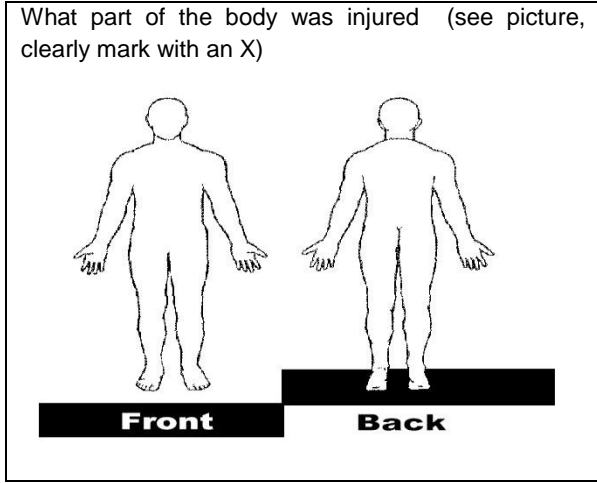
Appendix 3



..... had a knock/bump during the school day. This minor accident has been recorded in our school Accident Record Book.

Signature _____ Date: _____

What part of the body was injured (see picture, clearly mark with an X)



ABOUT THE ACCIDENT

Describe what happened – Give as much detail as you can for example, the events that led up to the incident, the part played by any other people, any substance or machinery involved. Please attach another sheet if necessary.

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WHAT TREATMENT WAS GIVEN?

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.....

OUTCOME & FOLLOW UP

.....
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.....
.....
.....
.....

Signature: _____ **Date:** _____

1. ACCIDENT/DANGEROUS OCCURRENCE NOTIFICATION FOR PUPILS AND VISITORS
Please return to: BARRIE HODGES, CYP Support Services, MCC, PO Box 106, CALDICOT NP26 9AN

Department:
 Section:
 Establishment:



Section A. To be completed either by: injured person, witness to dangerous occurrence or supervisor/officer in charge, etc.

1. Injured person or witness to dangerous occurrence Full Name: Address: Post Code Home Tel. No. Staff No.	2. Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>				
	3. Job title if M.C.C. employed. If not then status e.g. contractor, member of public, etc. <table border="1" style="float: right; margin-top: 10px;"> <tr> <td style="padding: 2px;">M.C.C.</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Other</td> <td></td> </tr> </table>			M.C.C.		Other	
M.C.C.							
Other							
	4. Date of occurrence	Time of Occurrence	5. Date of Reporting				
			Time of Reporting				
6. Brief description of accident/occurrence identifying causes where possible.	7. Exact location of accident/occurrence						
	8. To whom reported.						
9. Injury or adverse health details (if any). Type of injury, e.g. fracture, laceration, etc. State body parts injured and whether left or right.							
	10. If fall from height, state distance.						
11. First aid details.	12. By whom administered.						
13. Names and addresses of witnesses:	14. Name of person recording						
	15. Title of person recording						
	16. Signature of person recording						

Section B. To be completed by Supervisor/Line Manager. NB: If serious or major injury telephone as directed.

17. Report of the accident/occurrence, (injured persons description if applicable). State work which was performed at the time and other events that led to the incident. Include unsafe acts and/or conditions, equipment involved, substances, plant defects and weather, lighting or underfoot conditions, if applicable. Attempt accurate distances or heights and identify causes where possible.

Tick if	
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18. Immediate action taken to prevent recurrence (if any)	19. Action taken by whom																							
20. Further action required	21. By whom																							
22. Supervisor's Investigation/Comments. Identify any disregard of procedures or misconduct.																								
23. Was machine involved?	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">No</td> <td></td> </tr> </table>	Yes		No		24. If 'yes' give name of machine and type.	25. Was machine in motion?	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">No</td> <td></td> </tr> </table>	Yes		No													
Yes																								
No																								
Yes																								
No																								
26. Was personal protective equipment issued?	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="width: 20px;"></td> </tr> </table>	Yes		27. If 'yes' please list and state if used at time of accident.																				
Yes																								
28. Did injured person (tick box)	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">a. Continue to work?</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">b. Cease work?</td> <td></td> </tr> </table>	a. Continue to work?		b. Cease work?		<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">c. Require hospital treatment?</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">d. Remain in hospital more than 24 hrs?</td> <td></td> </tr> </table>	c. Require hospital treatment?		d. Remain in hospital more than 24 hrs?		<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">e. Lose time or likely to – one day or more?</td> <td style="width: 20px;"></td> </tr> </table>	e. Lose time or likely to – one day or more?		29. Number of days lost	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">30. Was work authorised?</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Yes</td> <td></td> </tr> <tr> <td style="padding: 2px;">No</td> <td></td> </tr> </table>	30. Was work authorised?		Yes		No		31. Schedule hours of work?	From	To
a. Continue to work?																								
b. Cease work?																								
c. Require hospital treatment?																								
d. Remain in hospital more than 24 hrs?																								
e. Lose time or likely to – one day or more?																								
30. Was work authorised?																								
Yes																								
No																								
					32. Actual time ceased duty																			
33. Supervisor's signature:					Date:																			

Section C. To be completed by Manager

34. Comments (if any) also include further action to prevent recurrence (if applicable)

Signature: Date:

Section D. To be completed by Safety Manager/Departmental health and Safety Co-ordinator

35.

Fatality	Notifiable Major Injury	Over 3 day Injury	Lost work case	Restricted work case	Medical Treatment Case	First Aid Case	Minor Injury	Notifiable Dangerous Occurrence	Dangerous Occurrence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M.C.C Employee	Contractor	Visitor	Public	Other (State)		Date Notified			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Date received			
						Date HSE notified			

Further Investigation:

Signature:

Date:

Appendix 6

ASTHMA

Prior to a pupil starting at Durand with severe Asthma, the parents must have met with the Head teacher to have discussed how their child can be cared for in the School environment.

A Medical Care Plan must be written in conjunction with the parents detailing the specific care to be given should the pupil have an Asthma attack at School.

Asthmatic Inhaler Procedure

- 1.1 A list of pupils who have severe Asthma to warrant a spare inhaler on site is on the School First Aid Staffroom Notice Board.
- 1.2 The inhalers for Asthmatic pupils are held in their classes.
- 1.3 All teachers must be aware of which pupils in their classes are Asthmatic and which have duplicate inhalers held on site.
- 1.4 The spare inhalers for pupils with Asthma must be taken when the pupils go off site swimming, attending sport matches and school trips. **It is the responsibility of the staff taking the trip to ensure pupils take their inhalers.**

Appendix 7

DIABETES

Prior to a pupil starting at Durand with Diabetes the parents must have met with the Head teacher to have discussed how their child can be cared for in the School environment.

The School Nurse will ask the parents to contact the child's Diabetic Nurse to come to the School to give the staff training.

All staff must be aware of how to manage a Hypoglycaemic (low blood sugar) episode.

A Medical Care Plan must be written in conjunction with the parents and Diabetic Nurse detailing the specific care to be given should the child have a Hypoglycaemic episode at School.

1.0 Management of a Hypoglycaemic Episode

1.1 All school staff should be aware of the symptoms that they need to observe for which could indicate a Hypoglycaemic episode.

Common Symptoms of a Low Blood Sugar (Hypoglycaemic Attack)

- Pale, cold sweaty skin
- Bizarre, uncharacteristic, unco-operative, and possibly violent behaviour
- Confusion and memory loss
- Shallow, rapid breathing and fast pulse
- Can deteriorate quickly and become unconscious.

2.0 Insulin Administration Procedure

The Diabetic Nurse, on occasions may need to train specific staff to undertake this procedure.

2.1 The Insulin Injector pen to be stored in a locked fridge along with spare cartridges.

2.2 If a child requires insulin at School it will normally be around the lunchtime period. The medical care plan should give clear details about the child's insulin regime.

2.3 Prior to Insulin injections, some children may be required to have their 'Blood Glucose' levels (B.M.sticks) checked. The results of this test must be recorded on a 'Pupil's Treatment Card' and in the Medical Book.

2.4 **If this medication is not given it can potentially cause a medical emergency for the child so any problems in the administration the parents must be contacted and failing that the Hospital where the child is cared for.**

Also the pupil will have a medical care plan.

Appendix 8

Severe Allergic Reactions

Prior to a pupil starting at Durand with a 'Severe Allergy' the parents must have met with the Head teacher to have discussed how their child can be cared for in the school environment.

All staff must be aware of how to manage a life threatening allergic reaction (Anaphylactic Shock).

A Medical Care Plan must be written in conjunction with the parents detailing the specific care to be given should the child have an Anaphylactic episode at School

Epipens / Jext / Anapens - the generic word 'auto-injectors' will be referred to in the documentation.

Currently we only have Epipens on site.

These are Emergency Injection Pens which contain a pre-measured dose of Adrenaline (Epinephrine) which are prescribed to pupils who have a **known** severe allergic reaction to a certain trigger substance. The most likely causes of Anaphylactic reactions are listed below.

- Peanuts and other nuts
- Cow's milk
- Eggs
- Shellfish
- Insect stings
- Latex
- Drugs
- Immunisations

If a pupil does come into contact with their known trigger substance it will cause an Anaphylactic reaction and their only real chance of surviving a reaction is to be administered their prescribed 'auto-injector' as soon as any signs of a reaction start.

IMPORTANT: All EMERGENCY PENS MUST ONLY BE GIVEN TO THE PRESCRIBED NAMED INDIVIDUAL.

THEY ARE NOT TO BE LOCKED AWAY (They are stored in the classrooms of the pupils with severe allergies)

ANAPHYLAXIS EMERGENCY ACTION PROCEDURE

1.0 Stay with the pupil and give reassurance.

1.2 Send for the 'auto-injector' and for other adult assistance

1.3 Dial 999 and give the following details

- State anaphylaxis in a child
- Request a paramedic ambulance
- State name, address, and access to the school

2.0 **Administration of the EPIPEN**

Check the prescribed dose.

- Check the correct child.
- Remove any safety caps.
- Administer the **Auto-injector as directed in the instructions.**
- Once the Auto-injector is administered massage the area where the Auto-injector was used to help absorption.
- Make a note of the time the Auto-injector was given.
- Put the Auto-injector in a container or on a tray and give it to the ambulance crew when they arrive

3.0 **Post Auto-injector Administration**

- If the pupil is breathless allow to sit up.
- If the pupil is listless, collapsed or unconscious place in the recovery position.
- Commence cardio-pulmonary resuscitation if necessary.
- Keep the pupil warm until the Ambulance arrives.
- An Auto-injector will reverse the effects of Anaphylaxis but the side effects it may cause are increased heart rate (palpitations), dry mouth, cold extremities.
- Occasionally a second dose of adrenaline may be required as its effects can wear off after 5 – 10 minutes. **Liase with the Ambulance service and they will advise about using the 2nd Auto-injector.**
- Give a full handover of events to the Ambulance crew.
- Inform the Headmaster / Deputy Head and the parents as soon as possible.
- Anyone who has had an Auto-injector administered **must** be taken by the Ambulance to hospital and be accompanied by an adult, regardless of the circumstances.

All staff involved in the administration of an Auto-injector must:

- Complete an accident form.
- Be given time to be sensitively de-briefed about the situation.
- The Head teacher to inform the Paediatric Community Nurse.

Ensure the parents organize an Auto-injector replacement as soon as possible.

Also the pupil will have a medical care plan.

Appendix 9

UNKNOWN ALLERGIC REACTIONS

In the case of a pupil having a severe allergic reaction of unknown cause a one-off dose of oral Piriton may help stop a reaction from progressing too quickly. **In any event medical advice needs to be sought and if the pupil's well-being is deteriorating rapidly an AMBULANCE MUST BE CALLED.**

Procedure If time allows seek parental consent **or emergency services consent**

1.0 Mild Allergic Reaction

1.1 If the pupil is complaining of any of the following:

- Itchy skin rash
- Itchy eyes
- Tingling sensation in the mouth
- Sounds wheezy

give an oral dose of Piriton (preferably syrup) according to the guidelines on the box.

1.2 The symptoms should start to subside within about 10 minutes.

1.3 If not contacted prior to this, parents need to be informed so as to arrange for the pupil to see a Doctor.

1.4 If the symptoms are deteriorating call an Ambulance.

2.0 Severe Allergic Reaction

2.1 If the pupil is complaining of any of the following, **CALL AN AMBULANCE:-**

- A sensation of a lump in the throat (swelling of throat and tongue)
- Difficulty in swallowing
- Swollen lips
- Difficulty in breathing
- Serious wheezing or stridor (noisy breathing)
- Nettle like skin rash
- Metallic taste
- Pallor or flushing of the skin
- Abdominal cramps and nausea
- Fast pulse rate
- Sudden feeling of faintness / dizziness (drop in Blood Pressure)
- Collapse
- Unconsciousness

2.2 Position the pupil so that breathing is easy for them.

2.3 Administer a dose of oral Piriton Syrup according to the guidelines on the box.

2.1 If the pupil is becoming unconscious, place in the recovery position and if possible, using a syringe, squirt the Piriton between the pupil's teeth and mouth lining and then massage the cheek to help with absorption.

2.2 If necessary start Cardio Pulmonary Resuscitation.

3.0 All staff involved in the above incident must:

- Complete an accident form.
- Be given time to be sensitively de-briefed about the situation.

Head teacher to follow up with parents